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Malpractice Muddle

I find it baffling that physicians themselves aren't giving top priority to this crisis over malpractice suits. And I find it equally disturbing that, to my knowledge, no one in the medical profession has ever undertaken a comprehensive review of malpractice cases to identify the negligent acts involved and thus aid in devising techniques to prevent their recurrence.

Lee S. Goldsmith, a young New York trial lawyer who has a medical degree, recently applied for federal funds to finance such a project. If he receives a grant, he aims to sift through thousands of closed malpractice files, to catalog the recurring types of negligence.

Here's a sample of the kind of thing Dr. Goldsmith is looking for: one year in New York State there were fifty-five cases where sponges or surgical instruments were left in patients' bodies after operations. Figuring an average settlement of $30,000, that totals up to $1,650,000 in awards—in one state during one year. "That's a lot of money, yet we know there are still hospitals in the state that don't keep a count of instruments during operations," Dr. Goldsmith observes. Certainly, much research is needed into the root causes of malpractice and into ways to head off negligent acts before they occur. (Glynn Mapes. Will the Profession Settle the Malpractice Muddle—Or Will the Public?, **Medical Opinion & Review** [Apr.] 1970, pgs. 120-122.)

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Community health effort—means to an end

This doesn't mean that a large university, like Yale, should immediately accept the full responsibility for all the health care of the city it inhabits, but it does mean that representatives of the university must sit down with members of the community—with sleeves rolled up, so to speak—and join in the CHP effort: give guidance, hear out the problems as they exist and are presented, and put some of their best scholars to work on devising and, at times, actually carrying out more effective means of meeting community needs.

None of this is intended to be an assault on Yale, I hasten to add; these recommendations apply nationally. As a matter of fact, Yale University is more deeply involved through its department of a prepaid group-practice plan for the New Haven area. (Similar plans are being developed by Harvard and Johns Hopkins in their areas.)

It seems to me that, sooner or later, we shall all have to recognize that the crucial point about Comprehensive Health Planning, on which will depend the verdict rendered by our great-grandchildren, is whether or not it actually solved unmet health needs, as it sought to meet the immediate wishes of citizen groups in the search for political relevance. Health is all too often used as a means to some other end, but the test of success to physicians must eventually be "health as an end unto itself." (George James.: The Comprehensive Health Planning Program. **Medical Opinion & Review** (Sept.) 1970, pages 44-45, 49.)

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